

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91359 010 ***150.00

DOCUMENT # P01000089004

1. Entity Name
GIGA PRODUCTS CORPORATION



Principal Place of Business
**1790 WEST 49TH STREET
SUITE 400-6
HIALEAH FL 33012**

Mailing Address
**1790 WEST 49TH STREET
SUITE 400-6
HIALEAH FL 33012**

2. Principal Place of Business
5300 W 21 CT

3. Mailing Address
5300 W 21 CT

Suite, Apt. #, etc.
#108

Suite, Apt. #, etc.
#108

City & State
HIALEAH, FLORIDA

City & State
HIALEAH, FLORIDA

Zip Country
33016 U. S. A.

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33016 U. S. A.

4. FEI Number **04-3679433**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MIRANDA, ARNALDO
1790 W 49 ST., STE 400-6
4TH FLOOR
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name
MARIA S. ALAVEDRA
Street Address (P.O. Box Number is Not Acceptable)
5300 W 21 CT #108
City
HIALEAH FL Zip Code
33016

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Maria S. Alavedra* **MARIA S. ALAVEDRA** **04/25/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☒ Delete
NAME **ALAVEDRA, MARIA S**
STREET ADDRESS **1790 WEST 49TH STREET**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **ALAVEDRA, MARIA S**
STREET ADDRESS **5300 W 21 CT #108**
CITY-ST-ZIP **HIALEAH, FL. 33016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria S. Alavedra* **SIGNATURE REQUIRED: ALAVEDRA 04/25/03 786-246-6605**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)